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Substitute for form 1449/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT				Complete if Known		
				Application Number		
				Filing Date		
				First Named Inventor	Noriko WATANABE	
				Art Unit		
(Use as many sheets as necessary)			y) .	Examiner Name		
Sheet	1	of	1	Attorney Docket Number	70404.54	

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U.S. PATENT DOCUMENTS					
Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2(if known)}	Publication Date MM -YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
CeV	1	6,154,262	11/2000	OGURA	
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Examiner Initials*	Cite No.1	Foreign Patent Document Country Code*Number-Kind Code *(if known)	Publication Date MM -YYYY	Country of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Le
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Examiner	/Christopher Veraa/	Date	11/22/2006
Signature	/ Chilipcophici (Ciaa)	Considered	

^{*}Examiner: Initial if reference considered, whether of not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered, include copy of this form with next communication to applicant.

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